| | ENTRY BLANK SPLIT SCULLER |
|------------|---|
| DO | PLEASE TYPE OR PRINT Entered previous May Show |
| | Ms. Mr. Artist MITCHELL BEATRICE |
| NOT DETACH | Permanent 3650 So. WoodLAND, CLEVELAND Street City |
| CH | 五44122 Tel. (214 464-5840 |
| 7 | Zip Area Code Temporary or |
| V | Studio Address 2151 MURRAY HILL, CLEVELAU Street |
| | 44106 Tel. (214) 229-6875 |
| | Zip Area Code If you do not presently live in one of the counties of the |
| | Western Reserve, which county were you born in? |
| | Collaborator (STUDIO FOUNDRY-SCULPTURE) |
| | (If Any) |
| | If May Show entries are not accepted or not sold: |
| | Artist will pick up at Museum. Museum should dispose of. |
| | ☐ Museum should ship to artist C.O.D. at this address: |
| | |
| | Special Instructions |
| | When necessary include below instructions or a drawing of |
| | how the object is to be assembled and displayed. |
| 1 | |
| / | |

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

its own account any objects not called for by the dates listed.

Signature

DO NOT DETACH

